Case 11-20045-KCF Doc 1 Filed 03/31/11 Entered 03/31/11 17:00:15 Desc Main Document Page 1 of 55

B1 (Official Form 1)(4/10)	D(Cument	ıα	gc I oi				
	States Bank District of New		Court				Voluntary	Petition
Name of Debtor (if individual, enter Last, First, Middle): Esposito, Michael W					ebtor (Spouse) ennifer M) (Last, First, I	Middle):	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			(inclu	de married,	used by the Jo maiden, and t	trade names):	the last 8 years	
Last four digits of Soc. Sec. or Individual-Taxp (if more than one, state all) xxx-xx-8562	payer I.D. (ITIN) No./	/Complete EIN	(if more	our digits o than one, state	all)	Individual-Ta	xpayer I.D. (ITIN) N	o./Complete EIN
Street Address of Debtor (No. and Street, City, 627 Pitt Street South Plainfield, NJ	and State):	ZIP Code 07080	Street 627		Joint Debtor	(No. and Stre	et, City, and State):	ZIP Code 07080
County of Residence or of the Principal Place Middlesex	of Business:	07000		y of Reside	ence or of the	Principal Plac	e of Business:	101000
Mailing Address of Debtor (if different from st Location of Principal Assets of Business Debto	Γ	ZIP Code	Mailir	ng Address	of Joint Debto	or (if different	from street address):	ZIP Code
(if different from street address above):								
Type of Debtor (Form of Organization) (Check one box) ■ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. □ Corporation (includes LLC and LLP) □ Partnership □ Other (If debtor is not one of the above entities, check this box and state type of entity below.)	(Chec ☐ Health Care Bi ☐ Single Asset R in 11 U.S.C. § ☐ Railroad ☐ Stockbroker ☐ Commodity Bi ☐ Clearing Bank ☐ Other ☐ Tax-Exc	eal Estate as de 101 (51B) roker empt Entity x, if applicable) -exempt organiof the United S	ization States	defined "incurr	the P er 7 er 9 er 11 er 12	Petition is File Cha of a Cha of a Nature (Check of ansumer debts, 101(8) as dual primarily for the content of the characteristics of	Debts busin	Recognition eding
Filing Fee (Check one bo Full Filing Fee attached Filing Fee to be paid in installments (applicable t attach signed application for the court's considera debtor is unable to pay fee except in installments Form 3A. Filing Fee waiver requested (applicable to chapte attach signed application for the court's consideration)	o individuals only). Mustion certifying that the . Rule 1006(b). See Offi	st Check if: cial Det are Check all ust 3B. Acc	otor is a sr otor is not otor's aggi- less than applicable dan is bein ceptances	a small busi regate nonco \$2,343,300 (e boxes: ng filed with of the plan w	debtor as defin ness debtor as d ntingent liquida amount subject this petition.	defined in 11 U.stated debts (excluted debts of to adjustment of the adjustment of t		ee years thereafter).
Statistical/Administrative Information ☐ Debtor estimates that funds will be available ☐ Debtor estimates that, after any exempt protection there will be no funds available for distributed Number of Creditors ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	perty is excluded and	l administrative ditors.	expense	es paid,	OVER	THIS S	PACE IS FOR COURT	USE ONLY
Estimated Assets So to \$50,001 to \$500,001 to \$500,000 to \$1 million	5,000 10,000 10,000 10,000 10,000 10,000 10,000,00	25,000 50 S50,000,001 \$1 to \$100 to	0,000	100,000	100,000 More than			
Estimated Liabilities	\$1,000,001 \$10,000,001 to \$10 to \$50] 100,000,001 \$500	\$500,000,001 to \$1 billion				

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B1 (Official Form 1)(4/10) Page 2 Name of Debtor(s): **Voluntary Petition** Esposito, Michael W Esposito, Jennifer M (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Location Case Number: Date Filed: Where Filed: - None -Location Date Filed: Case Number: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I (To be completed if debtor is required to file periodic reports (e.g., have informed the petitioner that [he or she] may proceed under chapter 7, 11, forms 10K and 10Q) with the Securities and Exchange Commission 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. \mathbf{X} /s/ James C. Zimmermann, Esq. March 31, 2011 Signature of Attorney for Debtor(s) (Date) James C. Zimmermann, Esq. Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ■ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in П this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

B1 (Official Form 1)(4/10)

Document Page 3 of 55

Page 3

Voluntary Petition

(This page must be completed and filed in every case)

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Michael W Esposito

Signature of Debtor Michael W Esposito

X /s/ Jennifer M Esposito

Signature of Joint Debtor Jennifer M Esposito

Telephone Number (If not represented by attorney)

March 31, 2011

Date

Signature of Attorney*

X /s/ James C. Zimmermann, Esq.

Signature of Attorney for Debtor(s)

James C. Zimmermann, Esq. JCZ2653

Printed Name of Attorney for Debtor(s)

The Law Offices of James C. Zimmermann

Firm Name

316 State Route 94 PO Box 472 Vernon, NJ 07462

Address

Email: jim@jzlawyer.com

973-764-1633 Fax: 973-764-1153

Telephone Number

March 31, 2011

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s):

Esposito, Michael W Esposito, Jennifer M

Signatures

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- □ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Date

Address

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

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B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court District of New Jersey

In re	Michael W Esposito Jennifer M Esposito		Case No.	
		Debtor(s)	Chapter	7

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] ____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

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D (Official Form 1, Exhibit D) (12/09) - Cont. Page 2
☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable
tement.] [Must be accompanied by a motion for determination by the court.]
☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or
mental deficiency so as to be incapable of realizing and making rational decisions with respect to
financial responsibilities.);
 □ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.); □ Active military duty in a military combat zone. □ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling
quirement of 11 U.S.C. § 109(h) does not apply in this district.
I certify under penalty of perjury that the information provided above is true and correct.
Signature of Debtor: /s/ Michael W Esposito
Michael W Esposito
Date: March 31, 2011

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B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court District of New Jersey

_	Michael W Esposito	·		
In re	Jennifer M Esposito		Case No.	
		Debtor(s)	Chapter	7

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] ____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

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□ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.] □ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.); □ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.); □ Active military duty in a military combat zone. □ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district. I certify under penalty of perjury that the information provided above is true and correct. Signature of Debtor: // Jennifer M Esposito Jennifer M Esposito	1D (Official Form 1, Exhibit D) (12/09) - Cont. Page	2
□ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.); □ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.); □ Active military duty in a military combat zone. □ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district. I certify under penalty of perjury that the information provided above is true and correct. Signature of Debtor: /s/ Jennifer M Esposito Jennifer M Esposito		
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unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.); ☐ Active military duty in a military combat zone. ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district. I certify under penalty of perjury that the information provided above is true and correct. Signature of Debtor: //s/ Jennifer M Esposito Jennifer M Esposito	☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being	
through the Internet.); Active military duty in a military combat zone. 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district. I certify under penalty of perjury that the information provided above is true and correct. Signature of Debtor: // Jennifer M Esposito Jennifer M Esposito		
☐ Active military duty in a military combat zone. ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district. I certify under penalty of perjury that the information provided above is true and correct. Signature of Debtor: // Jennifer M Esposito Jennifer M Esposito		
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Signature of Debtor: /s/ Jennifer M Esposito Jennifer M Esposito	I •	
Jennifer M Esposito	I certify under penalty of perjury that the information provided above is true and correct.	
Jennifer M Esposito	Signature of Debtor: /s/ Jennifer M Esposito	
Date: March 31, 2011	Date: March 31, 2011	

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B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy CourtDistrict of New Jersey

In re	Michael W Esposito,		Case No.	
	Jennifer M Esposito			
-		Debtors	Chapter	7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	314,900.00		
B - Personal Property	Yes	4	56,595.96		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		360,567.98	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	6		99,187.87	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			6,381.70
J - Current Expenditures of Individual Debtor(s)	Yes	2			6,256.72
Total Number of Sheets of ALL Schedu	ıles	19			
	To	otal Assets	371,495.96		
			Total Liabilities	459,755.85	

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Form 6 - Statistical Summary (12/07)

United States Bankruptcy Court District of New Jersey

In re	Michael W Esposito,		Case No.	
	Jennifer M Esposito			
_		Debtors	Chapter	7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	40,159.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	40,159.00

State the following:

Average Income (from Schedule I, Line 16)	6,381.70
Average Expenses (from Schedule J, Line 18)	6,256.72
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	6,455.98

State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		25,667.98
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		99,187.87
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		124,855.85

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B6A (Official Form 6A) (12/07)

In re	Michael W Esposito,	Case No.
	Jennifer M Esposito	

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

627 Pit	t Street	Fee Owner	.I	314.900.00	335,567.98
	Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim

Sub-Total > 314,900.00 (Total of this page)

Total > 314,900.00

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B6B (Official Form 6B) (12/07)

In re	Michael W Esposito,	Case No.
	Jennifer M Esposito	

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N O Description and Location of Property E	Joint, Or	Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption
1.	Cash on hand	x		
2.	Checking, savings or other financial	Checking - PNC Bank	J	400.00
	accounts, certificates of deposit, or shares in banks, savings and loan,	Savings - PNC Bank	J	800.00
	thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	Savings - PNC Bank	J	900.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	х		
4.	Household goods and furnishings, including audio, video, and computer equipment.	Miscellaneous	J	3,500.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	x		
6.	Wearing apparel.	Miscellaneous	J	500.00
7.	Furs and jewelry.	Engagement Ring	W	2,500.00
		Miscellaneous	J	1,000.00
8.	Firearms and sports, photographic, and other hobby equipment.	x		
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	Wells Fargo Term Life Insurance Policy Death Benefit: \$5,000	н	0.00
10.	Annuities. Itemize and name each issuer.	x		
			Sub-Tot	al > 9,600.00

³ continuation sheets attached to the Schedule of Personal Property

(Total of this page)

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$ - Cont.

In re	Michael W Esposito,	Case No
	Jennifer M Esposito	

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	х			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing		rustee of Foods, LLC - John Hancock	Н	19,854.39
plans. Give particulars.	401(k)	- Charles Schwab QRP/Keogh account	W	3,641.57
	401(k)	- Wells Fargo Advisors	W	2,200.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	Scott -	Trade Account	J	300.00
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	х			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

Sub-Total > 25,995.96 (Total of this page)

Sheet <u>1</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

In	re Michael W Esposito, Jennifer M Esposito		C	ase No	
		SCHEDUL	Debtors E B - PERSONAL PROPER (Continuation Sheet)	ГΥ	
	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	х			
22.	Patents, copyrights, and other intellectual property. Give particulars.	X			
23.	Licenses, franchises, and other general intangibles. Give particulars.	X			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.				
25.	Automobiles, trucks, trailers, and	2000 Jeep	Wrangler	J	1,000.00

26. Boats, motors, and accessories. **X**

110,000 miles

2011 Chevy Equinox

27. Aircraft and accessories. X

other vehicles and accessories.

28. Office equipment, furnishings, and supplies.

29. Machinery, fixtures, equipment, and supplies used in business.

30. Inventory.

31. Animals. X

32. Crops - growing or harvested. Give **X** particulars.

33. Farming equipment and implements.

34. Farm supplies, chemicals, and feed. X

Sub-Total > 21,000.00 (Total of this page)

Sheet <u>2</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

20,000.00

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$ - Cont.

In re	Michael W Esposito, Jennifer M Esposito	Case No					
-		Debtors SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)					
	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption		

35. Other personal property of any kind not already listed. Itemize.

Sub-Total > 0.00 (Total of this page)

Total >

56,595.96

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B6C (Official Form 6C) (4/10)

In re	Michael W Esposito,	Case No.
	Jennifer M Esposito	

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:	☐ Check if debtor claims a homestead exemption that exceeds
(Check one box)	\$146,450. (Amount subject to adjustment on 4/1/13, and every three years thereaft
■ 11 U.S.C. §522(b)(2)	with respect to cases commenced on or after the date of adjustment.)
□ 11 U.S.C. §522(b)(3)	

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Checking, Savings, or Other Financial Accounts, C Checking - PNC Bank	ertificates of Deposit 11 U.S.C. § 522(d)(5)	400.00	400.00
Savings - PNC Bank	11 U.S.C. § 522(d)(5)	800.00	800.00
Savings - PNC Bank	11 U.S.C. § 522(d)(5)	900.00	900.00
Household Goods and Furnishings Miscellaneous	11 U.S.C. § 522(d)(3)	3,500.00	3,500.00
<u>Wearing Apparel</u> Miscellaneous	11 U.S.C. § 522(d)(5)	500.00	500.00
<u>Furs and Jewelry</u> Engagement Ring	11 U.S.C. § 522(d)(4)	2,500.00	2,500.00
Miscellaneous	11 U.S.C. § 522(d)(4) 11 U.S.C. § 522(d)(5)	400.00 600.00	1,000.00
Interests in Insurance Policies Wells Fargo Term Life Insurance Policy Death Benefit: \$5,000	11 U.S.C. § 522(d)(7)	0.00	0.00
Interests in IRA, ERISA, Keogh, or Other Pension of The Trustee of Foods, LLC 401(k) - John Hancock	or Profit Sharing Plans 11 U.S.C. § 522(d)(10)(E)	19,854.39	19,854.39
401(k) - Charles Schwab QRP/Keogh account	11 U.S.C. § 522(d)(10)(E)	3,641.57	3,641.57
401(k) - Wells Fargo Advisors	11 U.S.C. § 522(d)(10)(E)	2,200.00	2,200.00
Stock and Interests in Businesses Scott Trade Account	11 U.S.C. § 522(d)(5)	300.00	300.00
Automobiles, Trucks, Trailers, and Other Vehicles 2000 Jeep Wrangler 110,000 miles	11 U.S.C. § 522(d)(2)	1,000.00	1,000.00

Total:	36.595.96	36.595.96

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B6D (Official Form 6D) (12/07)

In re	Michael W Esposito,	
	Jennifer M Esposito	

Case No.

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR		sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	OOZH_ZGWZ!	UMHYU-CD-FZC	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxxxxxxxxx			Security Agreement	Т	E			
Ally Financial PO Box 380901 Bloomington, MN 55438-0901		J	2011 Chevy Equinox		ט			
			Value \$ 20,000.00				25,000.00	5,000.00
Account No. xxxx1092 Bank of America Home Loans PO Box 5170 Simi Valley, CA 93062-5170		J	First Mortgage 627 Pitt Street South Plainfield, NJ 07080					
			Value \$ 314,900.00				261,494.65	0.00
Account No. xxxxx0536			Second Mortgage					
Bank of America Home Loans PO Box 5170 Simi Valley, CA 93062-5170		J	627 Pitt Street South Plainfield, NJ 07080 Value \$ 314,900.00				74,073.33	20,667.98
Account No.								
			Value \$					
continuation sheets attached			(Total of t	Subt his 1			360,567.98	25,667.98
Total (Report on Summary of Schedules) 25,667								

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B6E (Official Form 6E) (4/10)

In re	Michael W Esposito,	Case No						
	Jennifer M Esposito							
		Debtors						
	SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS							
		sted separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled oxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the						

account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian."

Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) ☐ Domestic support obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). ☐ Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). ☐ Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). ☐ Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). ☐ Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). ☐ Deposits by individuals Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). ☐ Taxes and certain other debts owed to governmental units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). ☐ Commitments to maintain the capital of an insured depository institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). ☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or

0 continuation sheets attached

another substance. 11 U.S.C. § 507(a)(10).

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6F (Official Form 6F) (12/07)

In re	Michael W Esposito, Jennifer M Esposito	Ca	ase No
_		Debtors	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of

Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F

CREDITOR'S NAME,			sband, Wife, Joint, or Community		сΙ	υl	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		ONTINGEN	D L L Q U L D A		AMOUNT OF CLAIM
Account No. xxxx-xxxx-y720			Charge account		Ť	D A T E D		
Bill Me Later / Webbank PO Box 2394 Omaha, NE 68103-2394		w		_		ט		1,148.38
Account No. xxxx-xxxx-8717	╁		Credit Card					1,140.00
Chase Bank USA PO Box 15298 Wilmington, DE 19850		J						5,271.38
Account No. xxxx-xxxx-4431	╁		Credit Card		+			,
Citi Cards PO Box 6500 Sioux Falls, SD 57117		J						
								21,780.92
Account No. xxxx-xxxx-xxxxxxxxxxxxxxxxxxxxxxxxxxx		w	Charge account					3,221.00
continuation sheets attached		<u> </u>	(Total			otal pag		31,421.68

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B6F (Official Form 6F) (12/07) - Cont.

In re	Michael W Esposito,	Case No
	Jennifer M Esposito	,

Debtors SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

ODEDITORIO MANG	С	Hu	sband, Wife, Joint, or Community	С	U	D	T	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	QULD	DISPUTED		AMOUNT OF CLAIM
Account No. XXXXXXXXX			Student loan		A T E D			
Direct Loan Service System PO Box 5609 Greenville, TX 75403-5609		w			D			40,159.00
Account No. xxxxxxxxxxx			Charge account	T	Г	Ī	T	
DSNB / Macys PO Box 8218 Mason, OH 45040		w						2,179.00
Account No. xxxx-xxxx-xxxx-0050	┝	┝	Charge account	╁	┢	┢	+	·
GEMB / Old Navy PO Box 981400 El Paso, TX 79998-1400		w	Charge account					2,300.53
Account No. xxxx-xxxx-xxxxxxx			Charge account	T	Г		T	
GEMB / Old Navy PO Box 981400 El Paso, TX 79998-1400		w						2,300.00
Account No. xxxx-xxxx-4464	t	T	Charge account	T	T	T	+	
Home Depot Credit Services PO Box 653000 Dallas, TX 75265-3000		J	_					2,941.81
Sheet no. 1 of 5 sheets attached to Schedule of			,	Subt	tota	ıl	T	40 000 24
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	·	49,880.34

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In re	Michael W Esposito,	Case No
	Jennifer M Esposito	

Debtors SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITORIC NAME	С	Hu	sband, Wife, Joint, or Community		7		5	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C	7 1	L I	SPUTIO	AMOUNT OF CLAIM
Account No. xxxx4443			Original Creditor: Livingston Pathology	П	֓֟֝֟֝֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	D A T E		
Hospital & Doctors Service Bureau 55 Washington Street Suite 504 East Orange, NJ 07019-0810		w	Associates LLC					30.00
Account No. xxx-xxx-x23-81	Ť	t	Charge account	+	\dagger	\dagger	1	
JCPenney / GEMB Bankruptcy Dept PO Box 103104 Roswell, GA 30076		w						4 = 04 = 1
Account No. xxx-xxx2-361	4		Charge account		+	+		1,784.74
Kohls PO Box 2983 Milwaukee, WI 53201-2983		w						2,910.83
Account No. xxxxx0160	†		medical		\dagger	\dagger		
Livingston Pathology Associates LLC 94 Old Short Hills Road Livingston, NJ 07039		w						30.00
Account No. xxx-xxxx-xxx8107	╁	_	Charge account	+	+	+	\dashv	30.30
Lowes/GEMB PO Box 530914 Atlanta, GA 30353-0914		w						305.62
Sheet no. 2 of 5 sheets attached to Schedule of	f	1	1	Sul	bto	tal	\dashv	
Creditors Holding Unsecured Nonpriority Claims			(Total) [5,061.19

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In re	Michael W Esposito,	Case No
_	Jennifer M Esposito	

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CDEDITORIC MAME	С	Hu	sband, Wife, Joint, or Community	С	U	D I	,T	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	U	I SPUTED		AMOUNT OF CLAIM
Account No. xx9300			medical	T	A T E D			
MEDEMERGE PA PO Box 890 Green Brook, NJ 08812		Н			D			39.58
Account No. x-xx390-1			medical	T		Ī	T	
Millburn OBGyn Associates, PA 235 Millburn Avenue Suite 101 Millburn, NJ 07041-1738		w						
					L	L	╧	547.06
Account No. xxxxx6814 New Jersey Anesthesia PO Box 0037 Florham Park, NJ 07932-0037		w	medical					358.62
Account No. xxx-xxxx2166			Medical	Π			Τ	
NICU Associates at St Barnabas PO Box 18220 Newark, NJ 07191		w						24.70
Account No. xxxx-x4-048	\vdash	\vdash	Charge account	+	\vdash	\vdash	+	
Nordstrom Bank PO Box 79134 Phoenix, AZ 85062-9134		w						120.44
Sheet no. 3 of 5 sheets attached to Schedule of		_		Subt	tota	1	\dagger	
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	Ļ	1,090.40

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B6F (Official Form 6F) (12/07) - Cont.

In re	Michael W Esposito,	Case No
	Jennifer M Esposito	,

Debtors SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

	_			_	_	_	
CREDITOR'S NAME,	CODEBTOR	Hus	sband, Wife, Joint, or Community	l c	N	D	
MAILING ADDRESS	ΙĎ	н	DATE OF A BANK O BY OVER DED.	Ñ	ĮΪ		
INCLUDING ZIP CODE,	E	W	DATE CLAIM WAS INCURRED AND		1	P	
AND ACCOUNT NUMBER	ΙŤ	J	CONSIDERATION FOR CLAIM. IF CLAIM	'n	ŭ	Ť	AMOUNT OF CLAIM
(See instructions above.)	0	С	IS SUBJECT TO SETOFF, SO STATE.	G	I L	E	
` /	╁`	\vdash		۱ ۲	UNLIQUIDATED		
Account No. xxx0 001	-			[]	Ė		
Padfield Planeky & Co. LLC				\vdash	٦	Н	
Redfield, Blonsky & Co, LLC	1	١.					
PO Box 1103	1	J					
Cranford, NJ 07016-1103							
							100.00
Account No. xxxx7892	1		Original Creditor: Saint Barnabas Medical				
	1		Center				
Rubin and Raine of New Jersey, LLC					l		
PO Box 660	1	w					
		"			l		
Eatontown, NJ 07724-0660							
	1						
							1,057.40
Account No. xxxx8313	✝		medical			Н	
	1						
Saint Barnabas Medical Center					l		
PO Box 8500		J			l		
	1						
Lockbox #9741					l		
Philadelphia, PA 19178-9741					l		
							372.40
Account No.	†		5/19/2010			Н	
	1		medical				
Saint Barnabas Medical Center					l		
		w			l		
PO Box 8500		**			l		
Lockbox #9741	1						
Philadelphia, PA 19178-9741					l		
							1,057.40
Account No. xxxx-xxxx-2152	✝	\vdash	Charge account	+	\vdash	Н	
11000 MINI 100 MANATANAATA 1 J L	+						
Sears Credit Cards					l		
		١,,,			l		
PO Box 6283		W			l		
Sioux Falls, SD 57117-6283					l		
	1						
							653.63
					<u> </u>	Н	
Sheet no. <u>4</u> of <u>5</u> sheets attached to Schedule of				Subt			3,240.83
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his 1	pag	e)	0,240.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Michael W Esposito,	Case No.
	Jennifer M Esposito	

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CDEDITORIC MAME	CO	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	ODEBTOR	J H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	NLIQUIDA	DISPUTED	AMOUNT OF CLAIM
Account No. xxxx3435			Charge account	Ť	T		
Target National Bank PO Box 660170 Dallas, TX 75266-0170		w			D		
Account No. xxxxxx1484	┞		medical services	\vdash	_		8,399.29
United Telemanagement Corp Billing Dept PO Box 655 Vandalia, OH 45377-0655		w					
							33.96
Account No. xxxx-xxxx-2326			Charge account	T			
WFNNB PO Box 659584 San Antonio, TX 78265-9584		J					
							60.18
Account No.							
Account No.							
Sheet no. <u>5</u> of <u>5</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	-		(Total of t	Subt			8,493.43
			(Report on Summary of So	Т	ota	ıl	99,187.87

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B6G (Official Form 6G) (12/07)

In re	Michael W Esposito,	Case No.
	Jennifer M Esposito	

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 11-20045-KCF Doc 1 Filed 03/31/11 Entered 03/31/11 17:00:15 Desc Main Document Page 25 of 55

B6H (Official Form 6H) (12/07)

In re	Michael W Esposito,	Case No.
	Jennifer M Esposito	

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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B6I (Official Form 6I) (12/07)

	Michael W Esposito			
In re	Jennifer M Esposito		Case No.	
		Debtor(s)		

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE							
Married	RELATIONSHIP(S): Son Daughter	AGE(S): 5 mg	<u>`-</u> '					
Employment:	DEBTOR	,	SPOUSE					
Occupation		Office Manage	r					
Name of Employer	Celebration Foods	Gary M. Rosen	blatt, D.M.D.					
How long employed								
Address of Employer		187 Millburn A Millburn, NJ 07						
INCOME: (Estimate of aver	rage or projected monthly income at time case filed)	•	DEBTOR		SPOUSE			
	ry, and commissions (Prorate if not paid monthly)	\$	4,395.56	\$	3,683.33			
2. Estimate monthly overtime	2	\$	0.00	\$	0.00			
3. SUBTOTAL		\$	4,395.56	\$	3,683.33			
4. LESS PAYROLL DEDUC			500.00	Φ.	740.05			
a. Payroll taxes and socb. Insurance	nal security	\$	533.09 318.89	\$ \$	713.35 0.00			
c. Union dues		\$ 	0.00	\$ —	0.00			
d. Other (Specify):	401K	<u> </u>	131.86	\$ 	0.00			
d. Other (Specify).		\$	0.00	\$	0.00			
5. SUBTOTAL OF PAYROI	LL DEDUCTIONS	\$	983.84	\$	713.35			
6. TOTAL NET MONTHLY	TAKE HOME PAY	\$	3,411.72	\$	2,969.98			
7. Regular income from oper	ration of business or profession or farm (Attach detailed	statement) \$	0.00	\$	0.00			
8. Income from real property		\$	0.00	\$	0.00			
9. Interest and dividends		\$	0.00	\$	0.00			
dependents listed above		use or that of	0.00	\$	0.00			
11. Social security or govern: (Specify):	ment assistance	\$	0.00	\$	0.00			
			0.00	\$	0.00			
12. Pension or retirement inc	come	\$	0.00	\$	0.00			
13. Other monthly income								
(Specify):		\$	0.00	\$	0.00			
			0.00	\$	0.00			
14. SUBTOTAL OF LINES	7 THROUGH 13	\$	0.00	\$	0.00			
15. AVERAGE MONTHLY	INCOME (Add amounts shown on lines 6 and 14)	\$	3,411.72	\$	2,969.98			
16. COMBINED AVERAGE	E MONTHLY INCOME: (Combine column totals from I	line 15)	\$	6,381.	70			

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

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B6J (Official Form 6J) (12/07)

In re	Michael W Esposito Jennifer M Esposito		Case No.	
		Debtor(s)		

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case

filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22		ge monthly
☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Comple expenditures labeled "Spouse."	ete a separat	e schedule of
1. Rent or home mortgage payment (include lot rented for mobile home)	\$	1,872.48
a. Are real estate taxes included? Yes X No	' =====	•
b. Is property insurance included? Yes X No		
2. Utilities: a. Electricity and heating fuel	\$	365.00
b. Water and sewer	\$	65.00
c. Telephone	\$	95.00
d. Other See Detailed Expense Attachment	\$	300.00
3. Home maintenance (repairs and upkeep)	\$	100.00
4. Food	\$	890.00
5. Clothing	\$	110.00
6. Laundry and dry cleaning	\$	60.00
7. Medical and dental expenses	\$	60.00
8. Transportation (not including car payments)	\$	475.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	65.00
10. Charitable contributions	\$	50.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	0.00
b. Life	\$	55.00
c. Health	\$	0.00
d. Auto	\$	235.00
e. Other	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify)	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	422.00
b. Other	\$	0.00
c. Other	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other Student Loan	\$	179.00
Other Second Mortgage to Bank of America	\$	858.24
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	6,256.72
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:	-	
20. STATEMENT OF MONTHLY NET INCOME	Φ.	0.004 =0
a. Average monthly income from Line 15 of Schedule I	\$	6,381.70
b. Average monthly expenses from Line 18 above	\$	6,256.72
c. Monthly net income (a. minus b.)	\$	124.98

Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Detailed Expense Attachment

Other	Utility	Expen	ditures:
-------	---------	-------	----------

Cellular Telephone	\$ 160.00
Cable TV & Internet	\$ 140.00
Total Other Utility Expenditures	\$ 300.00

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B6 Declaration (Official Form 6 - Declaration). (12/07)

Michael W Especito

United States Bankruptcy Court District of New Jersey

In re	Jennifer M Esposito				
		Debtor(s)	Chapter	7	

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

	I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _ sheets, and that they are true and correct to the best of my knowledge, information, and belief.			
Date	March 31, 2011	Signature	/s/ Michael W Esposito Michael W Esposito Debtor	
Date	March 31, 2011	Signature	/s/ Jennifer M Esposito Jennifer M Esposito Joint Debtor	

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/10)

United States Bankruptcy Court District of New Jersey

In re	Michael W Esposito Jennifer M Esposito		Case No.	
		Debtor(s)	Chapter	7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$98,798.00 2010 Income from Earnings - Joint \$104,654.00 2009 Income from Earnings - Joint

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATES OF PAYMENTS/ TRANSFERS AMOUNT PAID OR VALUE OF TRANSFERS

AMOUNT STILL OWING

NAME AND ADDRESS OF CREDITOR

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER NATURE OF PROCEEDING COURT OR AGENCY AND LOCATION STATUS OR DISPOSITION

N 1 5

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

The Law Offices of James C. Zimmermann 316 State Route 94 PO Box 472 Vernon, NJ 07462 DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR March 2011 AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$1,500.00 + Filing Fees

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

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None

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

NAME AND ADDRESS OF INSTITUTION

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

None

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF

DATE OF

ENVIRONMENTAL

NOTICE

LAW

TE NAME AND ADDRESS

GOVERNMENTAL UNIT

NOTICE

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF

DATE OF

ENVIRONMENTAL

NOTICE

LAW

GOVERNMENTAL UNIT

HOTICE

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the

docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

18 . Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

BEGINNING AND

NAME (ITIN)/ COMPLETE EIN ADDRESS

NATURE OF BUSINESS

ENDING DATES

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS

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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS DATES SERVICES RENDERED

None b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME **ADDRESS** DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

ADDRESS NAME

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

6

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22. Former partners, officers, directors and shareholders None a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case. **NAME** ADDRESS DATE OF WITHDRAWAL None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case. NAME AND ADDRESS DATE OF TERMINATION 23. Withdrawals from a partnership or distributions by a corporation None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case. NAME & ADDRESS AMOUNT OF MONEY DATE AND PURPOSE OF RECIPIENT, OR DESCRIPTION AND OF WITHDRAWAL RELATIONSHIP TO DEBTOR VALUE OF PROPERTY 24. Tax Consolidation Group. None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case. NAME OF PARENT CORPORATION TAXPAYER IDENTIFICATION NUMBER (EIN) 25. Pension Funds. None If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case. NAME OF PENSION FUND TAXPAYER IDENTIFICATION NUMBER (EIN) DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR and that they are true and correct.

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto

Date	March 31, 2011	Signature	/s/ Michael W Esposito	
			Michael W Esposito	
			Debtor	
Date	March 31, 2011	Signature	/s/ Jennifer M Esposito	
			Jennifer M Esposito	
			Joint Debtor	

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B8 (Form 8) (12/08)

United States Bankruptcy CourtDistrict of New Jersey

In re	Michael W Esposito Jennifer M Esposito		Case No.	
		Debtor(s)	Chapter	7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

1 1 3	1 0	• /	
Property No. 1			
Creditor's Name: Ally Financial		Describe Property Securing Debt: 2011 Chevy Equinox	
Property will be (check one):			
☐ Surrendered	■ Retained		
If retaining the property, I intend to (check at ☐ Redeem the property ■ Reaffirm the debt ☐ Other. Explain		oid lien using 11 U.S.C. § 522(f)).	
Property is (check one):			
■ Claimed as Exempt		☐ Not claimed as exempt	
Property No. 2			
Creditor's Name: Bank of America Home Loans		Describe Property Securing Debt: 627 Pitt Street South Plainfield, NJ 07080	
Property will be (check one):			
□ Surrendered	■ Retained		
If retaining the property, I intend to (check at ☐ Redeem the property ■ Reaffirm the debt ☐ Other. Explain		oid lien using 11 U.S.C. § 522(f)).	
Property is (check one):			
■ Claimed as Exempt		☐ Not claimed as exempt	

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B8 (Form 8) (12/08)		_	Page 2	
Property No. 3				
Creditor's Name: Bank of America Home Loans		Describe Property Securing Debt: 627 Pitt Street South Plainfield, NJ 07080		
Property will be (check one): ☐ Surrendered	■ Retained			
If retaining the property, I intend to (check ☐ Redeem the property ■ Reaffirm the debt ☐ Other. Explain		void lien using 11 U.S.C	C. § 522(f)).	
Property is (check one): ■ Claimed as Exempt		☐ Not claimed as exc	empt	
PART B - Personal property subject to une Attach additional pages if necessary.)	expired leases. (All three	ee columns of Part B mu	ast be completed for each unexpired lease.	
Property No. 1				
Lessor's Name: -NONE-	Describe Leased Pr	roperty:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): ☐ YES ☐ NO	
I declare under penalty of perjury that the personal property subject to an unexpired Date March 31, 2011		/s/ Michael W Esposito Debtor	roperty of my estate securing a debt and/or	
Date March 31, 2011	Signature	/s/ Jennifer M Esposito Jennifer M Esposito Joint Debtor	ito	

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United States Bankruptcy CourtDistrict of New Jersey

In re	Michael W Esposito Jennifer M Esposito		Case No.	
	Commer in Especial	Debtor(s)	Chapter	7
	DISCLOSURE OF COMPENS	SATION OF ATTOR	RNEY FOR DE	EBTOR(S)
C	tursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule ompensation paid to me within one year before the filing e rendered on behalf of the debtor(s) in contemplation of	g of the petition in bankruptcy	, or agreed to be pai	d to me, for services rendered or to
	For legal services, I have agreed to accept		\$	1,500.00
	Prior to the filing of this statement I have received			1,500.00
	Balance Due		\$	0.00
2. T	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3. T	he source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4 . ■	I have not agreed to share the above-disclosed compen	nsation with any other person	unless they are mem	bers and associates of my law firm.
[☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name			
5. I	n return for the above-disclosed fee, I have agreed to rend	der legal service for all aspect	s of the bankruptcy o	ease, including:
b. c.	 Analysis of the debtor's financial situation, and rendering. Preparation and filing of any petition, schedules, statenge Representation of the debtor at the meeting of creditors. [Other provisions as needed] Negotiations with secured creditors to recreaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on house. 	nent of affairs and plan which s and confirmation hearing, ar duce to market value; exc s as needed; preparation	may be required; and any adjourned hea	rings thereof;
6. B	by agreement with the debtor(s), the above-disclosed fee dependent with the debtor(s), the above-disclosed fee dependent with the debtor(s), the above-disclosed fee dependent on the debtor of the debtors in any disclosed fee dependent with the debtor(s), the above-disclosed fee dependent of the debtor(s).			es, relief from stay actions or
		CERTIFICATION		
	certify that the foregoing is a complete statement of any analyst proceeding.	agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in
Dated:	March 31, 2011	/s/ James C. Zimr	mermann, Esq.	
		James C. Zimmer The Law Offices of 316 State Route S PO Box 472	of James C. Zimm 04	nermann
		Vernon, NJ 07462 973-764-1633 Fa jim@jzlawyer.cor	x: 973-764-1153	

B 201A (Form 201A) (12/09)

WARNING: Effective December 1, 2009, the 15-day deadline to file schedules and certain other documents under Bankruptcy Rule 1007(c) is shortened to 14 days. For further information, see note at bottom of page 2

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

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Form B 201A, Notice to Consumer Debtor(s)

Page 2

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Many filing deadlines change on December 1, 2009. Of special note, 12 rules that set 15 days to act are amended to require action within 14 days, including Rule 1007(c), filing the initial case papers; Rule 3015(b), filing a chapter 13 plan; Rule 8009(a), filing appellate briefs; and Rules 1019, 1020, 2015, 2015.1, 2016, 4001, 4002, 6004, and 6007.

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B 201B (Form 201B) (12/09)

United States Bankruptcy Court District of New Jersey

In re	Michael W Esposito Jennifer M Esposito	Debtor(Case No. Chapter	7
	CERTIFICATION OF UNDER § 342(b)		CONSUMER DEBTOI NKRUPTCY CODE	R(S)
Code.	Construction I (We), the debtor(s), affirm that I (we) have reconstruction.	ertification of leeived and read the		by § 342(b) of the Bankruptcy
	el W Esposito er M Esposito	X /s	/ Michael W Esposito	March 31, 2011
Printed	Name(s) of Debtor(s)	Si	gnature of Debtor	Date
Case N	o. (if known)	χ /s	/ Jennifer M Esposito	March 31, 2011
		Si	gnature of Joint Debtor (if any) Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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United States Bankruptcy CourtDistrict of New Jersey

In re	Michael W Esposito Jennifer M Esposito		Case No.	
		Debtor(s)	Chapter	7
The ab	· 	FICATION OF CREDITOR It the attached list of creditors is true and co		of their knowledge.
Date:	March 31, 2011	/s/ Michael W Esposito		
		Michael W Esposito		
		Signature of Debtor		
Date:	March 31, 2011	/s/ Jennifer M Esposito		
		Jennifer M Esposito		-

Signature of Debtor

Ally Financial PO Box 380901 Bloomington, MN 55438-0901

Bank of America Home Loans PO Box 5170 Simi Valley, CA 93062-5170

Bank of America Home Loans PO Box 5170 Simi Valley, CA 93062-5170

Bill Me Later / Webbank PO Box 2394 Omaha, NE 68103-2394

Chase Bank USA PO Box 15298 Wilmington, DE 19850

Citi Cards PO Box 6500 Sioux Falls, SD 57117

Dell Financial Services PO Box 6403 Carol Stream, IL 60197-6403

Direct Loan Service System PO Box 5609 Greenville, TX 75403-5609

DSNB / Macys PO Box 8218 Mason, OH 45040

GEMB / Old Navy PO Box 981400 El Paso, TX 79998-1400

GEMB / Old Navy PO Box 981400 El Paso, TX 79998-1400 Home Depot Credit Services PO Box 653000 Dallas, TX 75265-3000

Hospital & Doctors Service Bureau 55 Washington Street Suite 504 East Orange, NJ 07019-0810

JCPenney / GEMB Bankruptcy Dept PO Box 103104 Roswell, GA 30076

Kohls PO Box 2983 Milwaukee, WI 53201-2983

Livingston Pathology Associates LLC 94 Old Short Hills Road Livingston, NJ 07039

Lowes/GEMB PO Box 530914 Atlanta, GA 30353-0914

MEDEMERGE PA PO Box 890 Green Brook, NJ 08812

Millburn OBGyn Associates, PA 235 Millburn Avenue Suite 101 Millburn, NJ 07041-1738

New Jersey Anesthesia PO Box 0037 Florham Park, NJ 07932-0037

NICU Associates at St Barnabas PO Box 18220 Newark, NJ 07191 Nordstrom Bank PO Box 79134 Phoenix, AZ 85062-9134

Redfield, Blonsky & Co, LLC PO Box 1103 Cranford, NJ 07016-1103

Rubin and Raine of New Jersey, LLC PO Box 660 Eatontown, NJ 07724-0660

Saint Barnabas Medical Center PO Box 8500 Lockbox #9741 Philadelphia, PA 19178-9741

Saint Barnabas Medical Center PO Box 8500 Lockbox #9741 Philadelphia, PA 19178-9741

Sears Credit Cards PO Box 6283 Sioux Falls, SD 57117-6283

Target National Bank PO Box 660170 Dallas, TX 75266-0170

United Telemanagement Corp Billing Dept PO Box 655 Vandalia, OH 45377-0655

WFNNB PO Box 659584 San Antonio, TX 78265-9584 Case 11-20045-KCF Doc 1 Filed 03/31/11 Entered 03/31/11 17:00:15 Desc Main Document Page 47 of 55

B22A (Official Form 22A) (Chapter 7) (12/10)

In re	Michael W Esposito Jennifer M Esposito	According to the information required to be entered on this statement
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case Number:		☐ The presumption arises.
	(If known)	■ The presumption does not arise.
		\square The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
171	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	 a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

	Part II. CALCULATION OF M	101	NTHLY INC	CON	ME FOR § 707(1)(7)]	EXCLUSION		
	Marital/filing status. Check the box that applies					tateme	ent as directed.		
	a. Unmarried. Complete only Column A ("I								
	b. \square Married, not filing jointly, with declaration								
2	"My spouse and I are legally separated under applicable non-bankruptcy law or my spouse at purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete of § 707(b)(2)(A) of the Bankruptcy Code."								
	for Lines 3-11.	, (0)(2)(11) 01 the Bu	11111 0	prey code. compre	0111,	001011111111111111111111111111111111111		,
	c. \square Married, not filing jointly, without the declaration of separate households set out in Lin					2.b al	oove. Complete b	oth	Column A
	("Debtor's Income") and Column B ("Spo	use's	Income") for	Line	es 3-11.				
	d. Married, filing jointly. Complete both Col						ouse's Income")	for	Lines 3-11.
	All figures must reflect average monthly income r calendar months prior to filing the bankruptcy cas					1X	Column A		Column B
	the filing. If the amount of monthly income varie						Debtor's		Spouse's
	six-month total by six, and enter the result on the				•		Income		Income
3	Gross wages, salary, tips, bonuses, overtime, co	mmi	ssions.			\$	4,198.65	\$	708.33
	Income from the operation of a business, profes					nd			
	enter the difference in the appropriate column(s)								
	business, profession or farm, enter aggregate num not enter a number less than zero. Do not include								
4	Line b as a deduction in Part V.	c any	part of the ba	SIIIC	ss expenses entered				
			Debtor		Spouse				
	a. Gross receipts	\$.00					
	b. Ordinary and necessary business expenses c. Business income	\$	btract Line b fr	.00 .mor		<u>)</u> \$	0.00	\$	0.00
	Rents and other real property income. Subtract						0.00	Ψ	0.00
	the appropriate column(s) of Line 5. Do not enter								
	part of the operating expenses entered on Line								
5		_	Debtor		Spouse				
	a. Gross receiptsb. Ordinary and necessary operating expenses	\$ s \$.00					
	c. Rent and other real property income		btract Line b fr			\$	0.00	\$	0.00
6	Interest, dividends, and royalties.					\$	0.00		0.00
7	Pension and retirement income.					\$	0.00		0.00
	Any amounts paid by another person or entity,	on a	regular basis.	for	the household	Ψ		Ψ	
	expenses of the debtor or the debtor's depender								
8	purpose. Do not include alimony or separate main								
	spouse if Column B is completed. Each regular p if a payment is listed in Column A, do not report t					n; \$	0.00	\$	0.00
	Unemployment compensation. Enter the amount					Ψ	0.00	Ψ	0.00
	However, if you contend that unemployment com					s a			
9	benefit under the Social Security Act, do not list t		nount of such c	omp	ensation in Column	A			
	or B, but instead state the amount in the space bel	ow:		1		 			
	Unemployment compensation claimed to be a benefit under the Social Security Act Debte	or \$	0.00	Spo	ouse \$ 0.	oo _{\$}	0.00	Φ.	1,549.00
	Income from all other sources. Specify source as			_		Ψ	0.00	Ψ	1,543.00
	on a separate page. Do not include alimony or se								
	spouse if Column B is completed, but include al	ll oth	er payments o	f alii	mony or separate				
	maintenance. Do not include any benefits received received as a victim of a war crime, crime against								
10	domestic terrorism.	num	amity, or as a vi	Cum	of international of				
			Debtor		Spouse				
	a.	\$			\$	\square			
	b.	\$			\$	_			
	Total and enter on Line 10					\$	0.00	\$	0.00
11	Subtotal of Current Monthly Income for § 707(, if	4.198.65	\$	2.257.33

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		6,455.98			
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION					
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.					
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	a. Enter debtor's state of residence: NJ b. Enter debtor's household size:	4	\$	101,106.00		
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.		-			
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The pre top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.	sumption	does n	ot arise" at the		
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this	statement.				

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	D 4 HV CAY CVV	TION OF GUEEN	N TO N TOTAL		TE DOD 8 BAS (1) (
	Part IV. CALCULA	ATION OF CURR	RENT	MONTHLY INCOM	1E FOR § 707(b)(2	2)
16	Enter the amount from Line 12.					\$
17	Marital adjustment. If you checke Column B that was NOT paid on a dependents. Specify in the lines bel spouse's tax liability or the spouse's amount of income devoted to each not check box at Line 2.c, enter zer a. b. c. d. Total and enter on Line 17	regular basis for the ho ow the basis for exclud support of persons oth burpose. If necessary, li	ouseholling the ling that er that	d expenses of the debtor or e Column B income (such as to the debtor or the debtor's of	the debtor's s payment of the lependents) and the	\$
18	Current monthly income for § 70	7(b)(2). Subtract Line	17 fro	m Line 16 and enter the resu	lt.	\$
	Part V. C.	ALCULATION O	F DI	EDUCTIONS FROM	INCOME	
	Subpart A: De	luctions under Stan	dard	s of the Internal Revenu	e Service (IRS)	
National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$		
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age Persons 65 years of age or older a1. Allowance per person b2. Number of persons				\$	
20A	Local Standards: housing and uti Utilities Standards; non-mortgage e available at www.usdoj.gov/ust/ or the number that would currently be any additional dependents whom ye	lities; non-mortgage expenses for the application the clerk of the ballowed as exemptions	ıble co ankrup	unty and family size. (This tcy court). The applicable fa	information is mily size consists of	\$

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of the number that would currently be allowed as exemptions on your fed any additional dependents whom you support); enter on Line b the tot debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 c. Net mortgage/rental expense	ty and family size (this information is ourt) (the applicable family size consists of leral income tax return, plus the number of al of the Average Monthly Payments for any	d		
			\$		
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	led under the IRS Housing and Utilities	\$		
	Local Standards: transportation; vehicle operation/public transportation are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation.	f whether you pay the expenses of operating a			
22A	Check the number of vehicles for which you pay the operating expense included as a contribution to your household expenses in Line 8. \square 0 \square 1 \square 2 or more.				
	If you checked 0, enter on Line 22A the "Public Transportation" amout Transportation. If you checked 1 or 2 or more, enter on Line 22A the 'Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ or	'Operating Costs" amount from IRS Local applicable Metropolitan Statistical Area or	\$		
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) □ 1 □ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle	\$			
	b. 1, as stated in Line 42 c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$		
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$			
	b. 2, as stated in Line 42	\$			
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$		
25	Other Necessary Expenses: taxes. Enter the total average monthly ex state and local taxes, other than real estate and sales taxes, such as inconsecurity taxes, and Medicare taxes. Do not include real estate or sales	ome taxes, self employment taxes, social	\$		

Other Necessary Expenses: liveluntary deductions for employment. Enter the total average monthly payaril deductions that are required for your employment, such as erielment contributions, mind dues, and uniform costs. S Do not include discretionary amounts, such as voluntary 401(4); contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance. To not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 4. Other Necessary Expenses: clustation for employment or for a physically or mentally challenged child. Finder the total average monthly amount that you actually expend on education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childrane. Enter the total average monthly amount that you actually expend on childrane such as buby-sitting, day care, nunery and preschool. Do not include other educational payments. Other Necessary Expenses: theldcane. Enter the total average monthly amount that you actually expend on health care that its required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health assurings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Internet the total average monthly amount that you actually expend on actually pay for telecommunication services where the total of Line 34. Other Necessary Expenses: telecommunication services is there the total of Line 34. Other Necessary Expenses: telecommunication services is there the total of Line 34. Other Necessary Expenses: telecommunic				
It is insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	26	deductions that are required for your employment, such	\$	
Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include a payments on past due obligations included in Line 44. 20 Other Necessary Expenses: education for employment or for a physically or mentally challenged folid. Enter the total average monthly amount that you actually expend on education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. 30 Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as boby sitting, day care, nursery and preschool. Do not include other educational payments. \$1 Other Necessary Expenses: child care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services. Enter the total of Lines 19 thouse service such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and verface of that of your dependents. On the include any amount previously deducted. Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance. Shall Health Savings Account S. B: Health Insurance, Disability Insurance. S: Hea	27	life insurance for yourself. Do not include premiums for	\$	
the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by incurance or paid by a health awaing account, and that is in excess of the amount entered in Line 19th. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, celled it, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-e below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance b. Disability Insurance c. Health Savings Account Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenses that you actually expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your insurance of your f	28	pay pursuant to the order of a court or administrative ag		
childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service- such as pagers, call waiting, caller id, special long distance, or internet service- to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. B. Disability Insurance B. Disability Insurance B. Disability Insurance C. Health Savings Account Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: S. Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your	29	the total average monthly amount that you actually expe education that is required for a physically or mentally ch	\$	
bealth care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by include payments for health insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	30		\$	
actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance	31	health care that is required for the health and welfare of insurance or paid by a health savings account, and that i	\$	
Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-e below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance	32	actually pay for telecommunication services other than y pagers, call waiting, caller id, special long distance, or in	\$	
Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance \$ b. Disability Insurance \$ c. Health Savings Account \$ Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92' per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and	33			\$
a. Health Insurance \$ b. Disability Insurance \$ c. Health Savings Account \$ Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary shool by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and		Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in		
b. Disability Insurance c. Health Savings Account Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and	34			
Total and enter on Line 34.				
Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. \$ Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and				Φ.
If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$			\$	\$
25 expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. 26 Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. 27 Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. 28 Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and		If you do not actually expend this total amount, state below:		
actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and	35	expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such		\$
Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. **Education expenses for dependent children less than 18.* Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and	36	actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or		\$
actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and	37	Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount		\$
į	38	actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and		\$

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is						
	reasonable and necessary.					\$	
40			Enter the amount that you will conting ganization as defined in 26 U.S.C. § 1			e form of cash or	\$
41	Tota	l Additional Expense Deduction	s under § 707(b). Enter the total of L	Lines	s 34 through 40		\$
		S	ubpart C: Deductions for De	bt l	Payment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt	A	Average Monthly Payment	Does payment include taxes or insurance?	
	a.			\$		□yes □no	
				,	Total: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.			u may include in on to the ld include any such amounts in			
		Name of Creditor	Property Securing the Debt			e Cure Amount	
	a.				\$ T	otal: Add Lines	\$
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.				aims, such as uptcy filing. Do	\$	
			If you are eligible to file a case under the amount in line b, and enter the res				
	a.	Projected average monthly Ch	apter 13 plan payment.	\$			
45	b.	issued by the Executive Office	trict as determined under schedules for United States Trustees. (This w.usdoj.gov/ust/ or from the clerk of	X			
	c.	Average monthly administrative	we expense of Chapter 13 case	To	otal: Multiply Line	es a and b	\$
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.					\$	
Subpart D: Total Deductions from Income							
47	Total	l of all deductions allowed under	r § 707(b)(2). Enter the total of Lines	33,	41, and 46.		\$
	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION						
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))				\$		
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))			\$			
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.			\$			
51	60-m	=	707(b)(2). Multiply the amount in Li	ne 5	60 by the number	60 and enter the	\$

	Initial presumption determination. Check the applicable box and proceed as directed.					
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.					
	□ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI. (Lines 53 through 55).					
53	Enter the amount of your total non-priority unsecured debt	\$				
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$				
34		3				
	Secondary presumption determination. Check the applicable box and proceed as directed.	-" -4 41- 4£ 1				
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.					
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.					
	Part VII. ADDITIONAL EXPENSE CLAIMS					
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under §					
	707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for					
	each item. Total the expenses.					
	Expense Description Monthly Amoun	nt				
	a. \$					
	b.	_				
	c.					
	Total: Add Lines a, b, c, and d \$					
	Part VIII. VERIFICATION	_				
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a join	t case, both debtors				
	must sign.)					
	Date: March 31, 2011 Signature: /s/ Michael W Esposito Michael W Esposito					
57	(Debtor)					
	Date: March 31, 2011 Signature /s/ Jennifer M Esposito					
	Jennifer M Esposito					
	(Joint Debtor, if an	y)				

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 09/01/2010 to 02/28/2011.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: CF Foods LLC

Income by Month:

6 Months Ago:	09/2010	\$3,358.08
5 Months Ago:	10/2010	\$3,991.53
4 Months Ago:	11/2010	\$3,899.31
3 Months Ago:	12/2010	\$4,498.80
2 Months Ago:	01/2011	\$5,088.77
Last Month:	02/2011	\$4,355.41
	Average per month:	\$4,198.65

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **09/01/2010** to **02/28/2011**.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Gary M. Rosenblatt, DMD

Income by Month:

6 Months Ago:	09/2010	\$0.00
5 Months Ago:	10/2010	\$0.00
4 Months Ago:	11/2010	\$0.00
3 Months Ago:	12/2010	\$0.00
2 Months Ago:	01/2011	\$850.00
Last Month:	02/2011	\$3,400.00
	Average per month:	\$708.33

Line 9 - Unemployment compensation (included in CMI)

Source of Income: NJ Dept of Labor & Workforce Development

Income by Month:

09/2010	\$0.00
10/2010	\$2,324.00
11/2010	\$2,403.00
12/2010	\$3,446.00
01/2011	\$1,121.00
02/2011	\$0.00
Average per month:	\$1,549.00
	10/2010 11/2010 12/2010 01/2011 02/2011